

## Travel Authorizations\*, AD-202

Review annual Delegation of Authority from Area Director (AD) to know what level of authority is needed to approve AD-202s.

\*See NFC Title II (Voucher and Invoice Payments Manual), Chapter 2 (Travel and Transportation Payments), Section 1, (Travel System) for specific completion instructions. Abbreviated instructions for completion follow.

There are two steps to set up a non-government traveler in NFC's Travel System for the **first time**. 1) Complete the following two forms: FFIS Vendor Request (for Travel Purposes Only) and Name Supplement File Form. 2) Either Fax directly to NFC's Travel and Transportation Section at 504-426-9741 or to your LAO to establish the traveler on NFC's supplemental name file **prior** to submitting the first authorization. (If you do not know this information, your LAO or the Area Travel Assistant can provide it to you).

If non-government person is traveling for an ARS interview you must also complete form REE-11 in addition to the FFIS and Name Supplemental forms.

Use the MWA Corporate Billing Account to purchase airline tickets for new employees who must travel and do not have enough time to apply for a government travel card and non-government travelers.

The following information must be provided to the Travel Management Company (TMC) when airline reservations are being made: travelers name, authorization number, accounting code, and travel contact (see list below) for the location they are traveling (name and phone number). Notify the TMC that the tickets will be paid on the corporate account for ARS, MWA.

### MWA Travel Contacts:

MWA Administrative Staff	JoAnn Volk	309-681-6628
W. Lafayette, IN	Dawn Ramey	765-494-5606
E. Lansing, MI	Cindy Glasscock	517-337-6824
Columbus, OH	Rich Bergolc	330-263-3774
Columbia, MO	Karen Reddick	573-875-5291
Ames, IA	Lori Wilson-Voss	515-663-7252
Morris, MN	Beth Burmeister	320-589-3411 ext 100
St. Paul, MN	Amy Dolan	651-649-5047
Peoria, IL	Doris Meinke	309-681-6541
Urbana, IL	Barb Donsbach	217-244-3261

**REMINDER:** Once approved, a copy of the AD202 should be faxed or mailed to JoAnn Volk at 309-681-6648, so she has the necessary information to reconcile the MWA Corporate Billing Account.

## FFIS Vendor Request Form

(For Travel Purposes Only)

<b>Vendor Type:</b> <b>E</b> -- Federal Employee payrolled by NFC. <b>Q</b> -- Supplemental/Non Employee (New Hires, Federal Employees not payrolled by NFC, and all non-Government persons)		<b>Enter Vendor Code:</b>	<b>Action:</b> (Circle One) <div style="display: flex; justify-content: space-around;"> <span>ADD</span> <span>CHANGE</span> </div>
<b>Name (26):</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>			
<b>Address Line 1(30)</b> <hr/>			
<b>Address Line 2 (30)</b> <hr/>			
<div style="display: flex; justify-content: space-between;"> <span>City (19)</span> <span>State (2)</span> <span>Zip Code (9)</span> </div>			
( ) <b>Phone Number (11)</b>			

  

<b>Social Security Number:</b>											
--------------------------------	--	--	--	--	--	--	--	--	--	--	--

  

### Bank Information

This information is required if the traveler will use the Travel EFT Account mailing address option on their travel advance request or travel voucher.

**Employee :** Payrolled Employees that will use the alternate Travel EFT Account mailing address on their travel documents must use this form. Complete the Name, Social Security Number and Bank information blocks **ONLY**.

**Non-Employee:** Supplemental/Non-Employees – Complete Name, Address & Social Security Number blocks. If the non-employee chooses to use the alternate Travel EFT Account mailing address for travel payment, the Bank information section must also be completed.

<b>Bank Name (30):</b>	<b>Bank Routing Number (9):</b>
	<div style="display: flex; justify-content: space-around;"> <span>(Circle One)</span> <span>Checking</span> <span>Savings</span> </div>

<b>Account Number (17):</b>	<b>Type Account:</b> (Circle One)    Checking    Savings

<b>City (20):</b>	<b>State (2):</b>	<b>Zip Code (9):</b>

**Contact Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  

(Please Print or Type)

**Phone Number:** ( ) \_\_\_\_\_

# Name Supplement File Form

Unified Travel System (TRVL)

**Please add the following person to the Name Supplement File:**

<b>Traveler's Name:</b>							<b>Enter Code:</b>	<b>Action Code:</b>			
_____		_____		_____		MI		A = ADD U = UPDATE			
_____											
(Address Line 1)											
_____											
(Address Line 2)											
_____			_____			_____					
City			State			Zip Code					
<b>Social Security Number:</b>											
<b>T &amp; A Contact Number:</b>											
<b>Organizational Structure Code:</b>											
<b>Originating Office Number (OON):</b>											
A	G										

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print or Type)

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Fax To Travel & Transportation Section, NFC: 504-426-9741**

**NFC**

Received By \_\_\_\_\_ Date: \_\_\_\_\_  
NFC Recipient: \_\_\_\_\_  
(Please Print or Type)

**Confirmation**

Receipt To: (\_\_\_\_) \_\_\_\_\_  
(Fax Number)

U.S. DEPARTMENT OF AGRICULTURE  
RESEARCH, EDUCATION, AND ECONOMICS

NEW HIRE RECRUITMENT INCENTIVES

**A. Recommendation and Approval of: Check appropriate box(es) and attach to certificate.**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 1. Pre Employment Interviews<br>(Attach list of all candidates) | <input type="checkbox"/> 3. Travel & Transportation Expenses  | <input type="checkbox"/> 4. Superior Qualifications/Advanced Step<br>(See E. below & attach REE-13) |
| <input type="checkbox"/> 2. Recruitment Bonus<br>(Complete C below)                                 | <input type="checkbox"/> (a) First Post of Duty<br><input type="checkbox"/> (b) Demonstration Project |   |

7. Name (last, First, MI)

SEE ATTACHED

8. Tentative Reporting Date

9. Position Title, Series, Grade, Step

GENETICIST, GS-0440-12

PD# 4W3XXX

10. Location

PLANT INTRODUCTION, AMES, IOWA

**B. Justification: Check all that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Shortage of qualified applicants | <input type="checkbox"/> 4. Emerging Technology               | <input type="checkbox"/> 7. Labor Market Conditions                |
| <input type="checkbox"/> 2. Recent Turnover Rate             | <input type="checkbox"/> 5. Urgency to Fill Position          | <input type="checkbox"/> 8. Other (explain in narrative statement) |
| <input type="checkbox"/> 3. Unique Qualifications            | <input type="checkbox"/> 6. Salary Comparability/Offer Issues |  |

**C. Recruitment Bonus: Attach Service Agreement signed by Selectee.**

**Pay Comparability Act (FEPCA)**

☐ Up to 25% of Base Salary  
\_\_\_\_\_% of Salary equivalent  
to \$ \_\_\_\_\_

**Demonstration Project**

☐ One Lump Sum payment (upon EOD) of \$ \_\_\_\_\_

☐ Deferred (Payment within 36 months of EOD) Select one of the following:

☐ One Lump Sum of \$ \_\_\_\_\_ payable on \_\_\_\_\_

☐ Incremental payments (attach payment agreement signed by selectee).

**D. Payment of Travel and Transportation Expenses: Attach Service Agreement signed by Selectee.**

- ☐ Travel & Transportation Expenses of appointee and/or family
- ☐ Travel Expenses above PLUS any of the following (for Demonstration Project New Hires Only):
- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Per diem allowance for immediate family (5 U.S.C. 5724a.(a)(1)) |
| <input type="checkbox"/> | House hunting trip travel and expenses (5 U.S.C. 5724a.(a)(2))  |
| <input type="checkbox"/> | Temporary quarters subsistence expenses (5 U.S.C. 5724a.(a)(3)) |
| <input type="checkbox"/> | Sale of residence expenses (5 U.S.C. 5724a.(a)(4)(A) & (B))     |
| <input type="checkbox"/> | Purchase of residence expenses (5 U.S.C. 5724c.)                |

**E. Superior Qualifications Appointment: Attach a justification to this form stating:**

- Selectee's superior qualifications or special need of the agency
- Factors considering in determining existing pay and reason for setting at the higher rate
- Reasons for authorizing an advanced rate instead of or in addition to a recruitment bonus

1. Selecting Official Name and Title

CANDICE GARDNER, SUPVY PLANT BIOLGST

Signature

Date

2. Second Level Supervisor Name and Title

Signature

Date

3. Budget & Fiscal Officer Name and Title

BARBARA J. DAILEY, ABFO

Signature

Date

4. Area Director/HQ Staff Office/Division Director Name and Title

A.D. HEWINGS, MWA DIRECTOR

Signature

Date

Following is the first screen you will get in the Travel Authorization section of on-line travel: The items in **bold** are sample answers for each question.

TV01001	AD-202/SECTION A - IDENTIFICATION	08:31:39	04/08/03
1. ACTION CODE:	<b>E</b> (E,C,A,V)	2. AUTHORIZATION DATE:	<b>04 08 03</b>
3. AUTHORIZATION NO:	<b>3CS0336450001</b>	4. SOCIAL SECURITY NO:	<b>123 45 6789</b>
5. NAME >>	LAST: <b>DOE</b>	FIRST: <b>JOHN</b>	MI: <b>B</b>
6. AGENCY CODE:	<b>03</b>	7. AGENCY OON:	<b>AG03364505</b>
8. TRAVELER OON:		9. EST DATES >> FROM:	<b>08 01 03</b> THRU: <b>08 06 03</b>
10. TYPE TRAVEL:	DM	11. GOVT CREDIT CARD:	<b>Y</b> (Y/N)
12. TRAINING DOC NO:			
	CITY	STATE	
13. OFFICIAL DUTY STATION >>	<b>MORRIS</b>	<b>MN</b>	
14. RESIDENT >>	<b>DONNELLY</b>	<b>MN</b>	
AD-202/SECTION B - EMPLOYMENT STATUS			
15. PAYROLLED BY NFC:	<b>Y</b> (Y/N)		
16. NOT PAYROLLED BY NFC:	N (Y/N)		
17. NEW HIRE:	N (Y/N)		
18. SPECIAL APPOINTEE:	N (Y/N)		
19. NONGOVERNMENT:	N (Y/N)		
OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY1			
CLEAR= EXIT	PF1= MENU	PF5= TDY	PF9= HOLD PF11= SELECT DOC
ENTER= PROCESS	PF2= INQ	PF8= HOLD AND EXIT	PF10= INIT PF12=PROFILE

**BLOCK 1. ACTION CODES** (Indicate one type only)

"E" to establish new authorizations (attach AD-202M for multiple travelers)

"A" to amend authorization (complete blocks 2-5, 9, 40-44, and give reason in block 42)

"C" to cancel authorization

"V" for advance of funds only (Complete A, E, and F only).

**BLOCK 2. AUTHORIZATION DATE**

Use format MM-DD-YY (2 digits each; i.e., 02 14 03)

**SECTION A--IDENTIFICATION**

**BLOCK 3. TRAVEL AUTHORIZATION NUMBER**

Travel Authorization No. is 13 positions, i.e.:

3 C S 03 3645 0100

Position

1 = Last digit of fiscal year (i.e. 3 stands for FY03)

2 = Type of Authorization ("C" = Trip by Trip; "B" = Limited Open (Blanket); "L" = Local) Blanket travel authorizations are prepared annually for employees who perform repetitive travel (Remarks page must include specific purpose for travel!)

3 = Number of travelers ("S" = Single; "M" = Multiple travelers)

4-5 = Agency Code (ARS' Agency Code is 03)

6-9 = Organization Mode Code (i.e., 3645 = North Central Soil Conservation Res. Lab.)  
10-13 = Location Sequential Number (do not duplicate numbers)

**BLOCK 4. SOCIAL SECURITY NO.**

Enter traveler's Social Security No.

**BLOCK 5. NAME**

Enter last name, first name and middle initial (Do not use punctuation). Items such as Jr., Sr., and III are to be shown as part of the last name (e.g., Stone Jr). If the employee has a 2-part (double) last name, separate one part from the other with a space. Do NOT include hyphens for hyphenated names.

**BLOCK 6. AGENCY CODE**

Enter 03--ARS Agency Code--system-generated. If the traveler is a non-government employee, enter the code of the agency for which the traveler is traveling.

**BLOCK 7. AGENCY OON (ORIGINATING OFFICE NUMBER)**

Enter "AG 03" followed by your mode code (i.e., AG 03 3645 05 for Morris, MN), system--generated

**BLOCK 8. TRAVELER OON**

Enter the OON of the traveler **ONLY** if it is different than the agency OON shown in Block 7.

**BLOCK 9. ESTIMATED DATES OF TRAVEL EXPENSES**

Enter the estimated dates of travel, using the mm/dd/yy format.

**BLOCK 10. TYPE TRAVEL (Only one)**

DM- Domestic  
FG- Foreign (even when combined with domestic)  
FT- Foreign Transfer  
OC- Outside contiguous U.S. (Alaska, Hawaii, Puerto Rico, and Virgin Islands, even when combined with domestic)  
GR- Escorted group  
RT- Return Travel  
TS- Transfer of Station  
OT- Outside CONUS Transfer of Station

**BLOCK 11. GOVERNMENT CREDIT CARD HOLDER**

For single traveler, complete; for multiple travelers, leave blank.  
(Y=Yes; N=No)

Employees who travel ONCE or more per year must be offered a government credit card. If it has been offered, but refused by the employee, or the card was canceled for bad credit, Block 11 must be marked YES.

**BLOCK 12. TRAINING DOCUMENT NO.**

For Purpose Code 3 only (if entered in Block 25) obtain number as assigned to SF-182, Authorization, Agreement and Certification of Training Request. **NOTE:** If a training document (SF-182) is not sent to NFC for payment (i.e., training will be paid by convenience check or

credit card), then the Purpose Code in Block 25 should be code 15, Informal Training and **NO TRAINING NUMBER WILL BE INSERTED IN BLOCK 12.**

**BLOCK 13. OFFICIAL DUTY STATION**

For single traveler, enter City/State (2 letter state code) (i.e., Morris, MN). Relocation travel is completed by Area Transportation Assistant, contact JoAnn Volk, 309-681-6628.

**BLOCK 14. RESIDENT CITY AND STATE**

If this is the same as the official duty station, leave this block **blank**. Otherwise, enter the city and 2-position state abbreviation code or the city and 2-position alpha country code of the employee's residence. For multiple travelers, leave blank.

**SECTION B--EMPLOYMENT STATUS** (Put a 'Y' in by only one)

**BLOCK 15. PAYROLLED BY NFC**

Check if employee has received an ARS salary check or on payroll at NFC (usually other USDA agencies).

**BLOCK 16. NOT PAYROLLED BY NFC**

Check if employee is Government employee, but not PAYROLLED by NFC. If the employee is newly employed by the agency and has not received his/her **first** salary payment, the agency must still check the **Not PAYROLLED by NFC** block.

**BLOCK 17. NEW HIRE**

Check this block if the traveler is a **new** Federal employee (i.e., an individual who is being hired from outside of Government who has not received his/her first salary payment).

**BLOCK 18. SPECIAL APPOINTEE**

Check for special appointee (i.e., CETA employees, etc.)

**BLOCK 19. NONGOVERNMENT**

Check for Non-Federal employees (e.g., consultants, advisors, etc.)

Next screen:

TV01002 AD-202/SECTION C-ITINERARY & ESTIMATED EXPENDITURES 11:10 04/08/03							
ITINERARY >>		20. FROM		21. TO			
	CITY	ST	COUNTRY CD	CITY CD	CITY OR COUNTY OR REGION	ST	
1	MORRIS	MN			PEORIA	IL	
2							
3							
4							
5							
6							
7							
23. EXPENDITURES >>							
	SUB CODE	LODGING	M AND IE	RATE	NUMBER DAYS	ESTIMATED AMOUNTS	
1	P	6000	3100	9100	300	27300	
2							
3							
4							
5							
6							
7							
						TOTAL SUBSISTENCE:	27300
ENTER DATA THEN SELECT OPTION							
CLEAR= EXIT		PF1= MENU		PF8= HOLD AND EXIT			
ENTER= PROCESS		PF7= PREV		PF9= HOLD			

## SECTION C--ITINERARY AND ESTIMATED EXPENDITURES

### BLOCK 20. FROM

For CONUS: For single traveler, enter City/State where travel begins.  
For multiple travelers, enter city and two-letter state code of official duty station. For foreign travel, enter the 3-position numeric country code and the 4-position numeric city code (see Appendix).

### BLOCK 21. TO

Enter City/State of destination (location traveler will spend the night). Cities must be listed exactly as in the Federal Register, including punctuation. Abbreviations cannot be used. If a locality is not a key city but is located within a county specifically listed in Appendix A of the FTR, enter the appropriate county name. **Do not** enter the city name. The county name must be spelled exactly as listed in the FTR, including punctuation. Territories (PR-Puerto Rico; VI--Virgin Islands). See link on right for Foreign Location Codes.

### BLOCK 22. PURPOSE OF TRAVEL

Enter brief description (a more detailed description can be shown in remarks). i.e., Present paper--ASAE mtg. Even though this block will not print out, it is in the system, and **MUST** be completed.

### BLOCK 23. AUTHORIZED EXPENDITURES

For each destination, enter the applicable subsistence code (i.e., **P** for Per Diem, **A** for Actual Subsistence, **S** for Special Rate (Fixed rate;

i.e., \$2/day), or **C** for Conference Allowance. If Conference rate is over 25% of the regular lodging rate, then it's "A", actual subsistence.

Enter the number of days and the system will automatically insert the appropriate lodging, and M&IE rates and calculate the estimated amounts. (This actually happens as you progress to the next page -- it doesn't happen while you are on page TV01002).

Indicate with a 'Y' other authorized expenditures to be approved:

If POV is checked, enter rate as 0375 or 0105 (See Bulletin 03-301 for appropriate rate)

If OTHER is indicated, enter whether shuttles, taxis, parking fees, road tolls, telephone calls, gas for rental car, supplies, etc. (Hotel Taxes are authorized as an "other" expense, except for international travel.)

TV01004 AD-202/SECTION C-ITINERARY & ESTIMATED EXPENDITURES 10:27 04/08/03

23. AUTHORIZED EXPENDITURES (CONTINUED): ESTIMATED  
AMOUNT

COMMON CARRIER >>	IND: <b>Y</b> (Y/N)	MODE: <b>A</b>	METHOD: <b>CC</b>	<b>40000</b>
	NON-CONTRACT AIR:		(0,1,2,3,4 OR SPACE)	
	EXCESS FARE IND:	N	(Y/N)	
	EXCESS BAGGAGE IND:	N	(Y/N)	
	GSA AUTO IND:	N	(Y/N)	

24. TOTAL ESTIMATED EXPENDITURES AUTHORIZED: **120000**

SECTION D - ACCOUNTING CLASSIFICATION

25. PURPOSE CODE	ACCOUNTING CLASSIFICATION	CLAIM PERCENTAGE
<b>02</b>	<b>3013645110</b>	<b>100</b>

THESE PERCENTAGES MUST EQUAL 100 PCT

OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY

CLEAR= EXIT

PF1= MENU

PF8= HOLD AND EXIT

**BLOCK 23. AUTHORIZED EXPENDITURES (CONTINUED):**

If Common Carrier Tickets is indicated, enter transportation Mode (A for Air, B for Bus, C for Air and Bus, D for Air and Train, E for Bus and Train, F for Air, Bus, and Train, T for Train, O for Other (i.e. boats, & ferries), P for cost comparison travel--POV used in lieu of common carrier transportation\*).

\*If an employee elects to use a POV as an alternate form of transportation, indicate "Y" for common carrier, P is shown for MODE, and you must:

(a) Limit reimbursement to the constructive cost of the authorized method of transportation, which is the sum of per diem and transportation expenses the employee would reasonably have incurred when traveling by the authorized method of transportation; and

(b) Charge leave for any duty hours that are missed as a result of travel by POV.

This constructed travel should be in the remarks of the AD-202.

Also enter method of Purchase

- CC - Government Contractor issued Charge Card
- TR - Centrally Billed Corporate Account (non-government travelers)
- CH - Cash
- HC - Credit card and cash
- Use of Non-contract Airline (leave blank)

USUALLY:      Excess Fare, leave blank  
                 Excess Baggage, leave blank  
                 GSA Auto, check if employee will use GOV  
                 If Car Rental is checked, estimate amount.

**BLOCK 24. TOTAL ESTIMATED TRAVEL**

Required, numeric field, maximum of 8 positions. The system will automatically fill in the total estimated travel IF you enter amounts for each item. If you do not enter amounts for each item, you must complete this block.

**SECTION D--ACCOUNTING CLASSIFICATION**

**BLOCK 25. DISTRIBUTE TOTAL ESTIMATED EXPENDITURE.**

A purpose code must be entered for each line of accounting.  
Purpose Codes:

- |                           |                           |
|---------------------------|---------------------------|
| 01 Site visit             | 08 Special mission travel |
| 02 Information meeting    | 09 Emergency travel       |
| 03 Training attendance*   | 10 Other travel           |
| 04 Speech or presentation | 11 Pre-employment         |
| 05 Conference attendance  | 12 First post of duty     |
| 06 Relocation             | 13 Rest and recuperation  |
| 07 Entitlement/Home leave | 14 Educational            |
|                           | 15 Informal training**    |

\*NOTE: If the purpose of the trip is Purpose Code 3, the training document number assigned on Form SF-182 must be provided in Block 12. A training document number is not required for Purpose Code 15. Code 3 should be used for training that is paid with an SF-182 sent to NFC for payment.

\*\*Code 15 is used for training which is paid by Credit Card.

**Accounting Classification**

For ARS, left-justified with no spaces or hyphens (i.e., 2013620125). Enter the percentage of estimated expenditures for each line of accounting.

Next screen:

TV01005	AD-202/SECTION E - TRAVEL ADVANCE	11:19:43	04/08/03
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26. REQUEST METHOD: (C,T,I,E,W,S,L,M)  
 27. AMOUNT APPLIED FOR:  
 31. DATE APPLIED FOR: 00 00 00  
 32. ADVANCE MAILING ADDRESS OPTIONS> FOREIGN IND: (Y/N) TRAVEL EFT: (Y/N)  
     SALARY CHECK: (Y/N) T&A CONTACT POINT: (Y/N) SPECIAL: (Y/N)  
     ADDRESS:  
     ADDRESS:  
     CITY: ST: ZIP CODE:  
 33. IMPREST FUND CASHIER SSN: 34. ADVANCE DATE RECEIVED: 00 00 00

AD-202/SECTION F - AGENCY APPROVAL

APPROVING OFFICER >>

35. NAME >> LAST: **DELI** FIRST: **FRED** MI: **B**  
     TITLE: **RESEARCH LEADER** AGENCY CODE: **03**  
 36. SSN: **123 45 6789** 37. DATE APPROVED: **04 09 03**  
 38. PHONE >> AREA CODE & NO.: ( **320** ) **589 3411**  
 40. CONTACT PERSON>>NAME>> LAST: **ANDERSON** FIRST: **SUSAN** MI: **A**  
 41. PHONE>> AREA CODE & NO.: ( **320** ) **589 3411**

OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY

CLEAR= EXIT	PF1= MENU	PF8= HOLD AND EXIT
ENTER= PROCESS	PF7= PREV	PF9= HOLD

## Travel Advances

### **SECTION E - TRAVEL ADVANCE**

For **domestic travel**, a cash advance for official travel may be taken on your travel card at any ATM which accepts Visa cards (\$375/weekly, no more than \$50/day), within three business days of official travel. A PIN number was issued to each card holder at the time they received their card. **Misuse of the government travel card for anything other than official business will result in your card being revoked and the possibility of dismissal from government employment.**

Non-government card holders: Limitation on travel advances is 80% of TOTAL expenditures.

For **foreign travel** (Government card holders only): Limitations on travel advances are 100% of M&IE (not lodging) + 80% of Miscellaneous Expenses (taxi, phone). (To be completed only if the traveler requests an advance). Travel advances may be used to cover meals and incidental expenses, miscellaneous expenses (i.e., taxi or limousine fares, parking fees, etc.), mileage, and other out-of-pocket expenses. Travel advances will be limited to expenses that **CANNOT** be charged to the Government contractor-issued charge card.

(All ARS employees who travel at least once a year should apply for an Bank of America Visa charge card, with supervisory approval.)

Section E of the AD-202, application for advance of funds may be initiated at the same time the authorization is prepared, or it may be

done separately by showing a "V" in the action code at the top of the AD-202.

**BLOCK 26. ADVANCE REQUEST METHOD**

Select Direct Deposit, EFT to receive travel advance. This is the only method available.

**BLOCK 27. AMOUNT OF ADVANCE APPLIED FOR**

Enter the amount of money requested on this advance.

**BLOCK 31. DATE APPLIED FOR**

Enter the date that the application is signed using mm/dd/yy format.

**BLOCK 32. ADVANCE MAILING ADDRESS OPTIONS**

All advances must be received by direct deposit.

**BLOCK 33. IMPREST FUND CASHIER**

Option not available.

**BLOCK 34. ADVANCE RECEIVED**

Not applicable.

**SECTION F--AGENCY APPROVAL**

**BLOCK 35. APPROVING OFFICER'S NAME AND TITLE**

Enter Center Director or Research Leader's Name and Title (or Acting RL name and title), unless the authorization requires approval from the Area Office.

**BLOCK 36. SOCIAL SECURITY NO.**

Enter Social Security No. of Approving Officer. If the authorization is signed by an Acting RL, be sure to enter the SSN of the Acting RL

**BLOCK 37. DATE APPROVED**

Enter date approved (MM-DD-YY).

**BLOCK 38. PHONE**

Enter phone number of Approving Officer.

**BLOCK 39. APPROVING OFFICER'S SIGNATURE**

Have Approving Officer sign.

**BLOCK 40. CONTACT PERSON'S NAME**

Enter the name of the person to contact for information regarding the travel authorization if other than the approving official

**BLOCK 41. PHONE**

Enter the area code and telephone number of the contact person in Block 40.

Next screen:

TV01007

AD-202/BLOCK 42 REMARKS

11:20:05 04/08/03

A.D. Hewings, Director, MWA, approves and authorizes LAO/LC to sign original

PURPOSE: To present "The Chicken Genome Project" at the International Animal Genome Conference.

Annual leave will be taken 08/4 - 08/06/03 (24 hours). Deviation to official travel is for personal reasons. All travel and transportation expenses are limited to those essential in completing official business.

ENTER DATA THEN SELECT OPTION

CLEAR= EXIT

PF1= MENU

PF8= HOLD AND EXIT

ENTER= PROCESS

PF7= PREV

PF9= HOLD

**BLOCK 42. REMARKS**

Type common items listed below, as needed, in "Remarks."

Traveler requests to use POV in lieu of available GOV, and will be reimbursed at a rate of 10.5 cents per mile.

Add any additional info required, including reason for amendment (for type "GR," Escorted Group, show name and country of each traveler).

**IF COMBINING PERSONAL AND OFFICIAL TRAVEL**, include the following: statement: "Annual leave will be taken 'date' through 'date' (# hours). Deviation to official travel is for personal reasons. All travel and transportation expenses are limited to those essential in completing official business."

The following shows a sample reconstructed trip for a traveler deviating from official travel.

Constructed Travel

**Constructed travel for Francis Sinatra, 2/28/03 - 3/02/03**

3/01/03 LV Ames, IA 12:05 p.m. NW 1057  
ARR Fort Collins, CO 4:18 p.m.

The round trip government airfare would have cost: \$584.00  
This is for a flight into Denver and a shuttle into Ft. Collins.  
Mileage to and from the airport (160 x 0.375): 60.00  
Transportation between airports and hotels (shuttle): 60.00  
Lodging: 109.00  
M&IE: 29:25

3/02/03

On Duty in Ft. Collins, CO

Lodging: 109.00  
M&IE: 39.00

3/03/03

LV Ft. Collins, CO 8:40 a.m. NW 1077  
ARR Ames, IA 10:25 a.m.

M&IE: 29.25

Maximum amount allowed for mileage and per diem  
based on constructed travel will be: \$1,019.50

Traveler will be charged annual leave for additional travel time necessary to  
travel by POV in lieu of common carrier.

**IF OUTSIDE FUNDS ARE REQUESTED:** an AD-202 with supplemental page completed, as  
necessary, along with the following information, must be submitted to the Area  
Director for approval at least **30 DAYS PRIOR TO TRAVEL for domestic travel. A  
minimum of \$250 is required for acceptance of outside funds:**

- A copy of a **signed** letter of offer from the cooperator **on their  
letterhead** (including Universities with MMOU's), which clearly specifies  
what the cooperator is providing, **e-mails not acceptable.**
- A statement that "Only public information will be shared and no  
sensitive or confidential material will be used."

Also **MUST** include:

- Completed Conflict of Interest Analysis Form (for Ethics officer  
approval)
- Completed Non-Federal Source Report (signed by traveler) (for AD  
approval)
  - a. In-kind - Provide your best estimated \$ amount on Block 15
  - b. Reimbursement - Provide your best estimated \$ amount on Block 15
- A letter of acceptance prepared on behalf of the Area Director per  
sample on following page. Send UNDATED letter by E-mail to JoAnn Volk,  
[jvolk@mwa.ars.usda.gov](mailto:jvolk@mwa.ars.usda.gov).

  
**United States Department of Agriculture**  
Research, Education and Economics  
Agricultural Research Service

Maurine Mellinger-Deroy  
Implementation Officer  
International Atomic Energy Agency  
Wagramer Strasse 5, PO Box 100  
A-1400 Wein, Austria

Dear Ms. Mellinger-Deroy:

I am pleased to learn that Dr. Perry Gustafson has been invited to participate in an expert mission for IAEA project PHI/5/029, "Enhancing Agricultural Productivity through Radiation Technology in Mindanao," to be held in Manila, Philippines, October 25-29, 2004.

I understand Dr. Gustafson will lecture on molecular markers and their application in plant breeding and assist in collaboration efforts with the International Rice Research Institute. I am confident Dr. Gustafson's expertise on this subject will prove beneficial to your mission. This is an excellent opportunity for Dr. Gustafson to interact with other scientists in this field of research. In view of the mutual benefits to be gained from this visit, the Agricultural Research Service accepts your invitation on behalf of Dr. Gustafson.

Thank you for your offer to provide in-kind airfare for Dr. Gustafson's visit, as well as reimbursing USDA for lodging and meals. The Agricultural Research Service will continue to pay Dr. Gustafson's salary and any expenses not provided by the IAEA. Please understand that as a Federal employee Dr. Gustafson must adhere to certain administrative procedures related to travel arrangements for this visit. I would like to communicate several of those procedures as follows:

Since Dr. Gustafson will participate in the activity as a Federal Employee, no honoraria may be accepted.

Dr. Gustafson may not accept any form of direct payment (cash or check) to defray the cost of travel and trip expenses.

You may provide "in-kind" assistance, whereby you furnish airline tickets or pay vendors directly for lodging, meals, local transportation, etc.

If "in-kind" assistance cannot be provided, you may submit a check payable to USDA, ARS, for expenses not paid in-kind.

We appreciate the invitation for Dr. Gustafson to participate in this meeting.

Sincerely,

Adrianna D. Hewings  
Director, MWA

**Midwest Area Office, 1815 North University St., Peoria IL 61604**  
**Phone 309-681-6602 Fax 309-681-6684**

If elected/appointed as officer of an organization, Letter of Offer should state duration of office. Acceptance Letter can acknowledge duration of appointment; i.e., 1 year, 3 years, etc. Travel Authorization, accompanied by appropriate signed Letter of Offer, will need to be completed for individual travel, but Acceptance Letter will not be necessary.

An employee must not accept funds directly from, or submit a claim to, any non-ARS source.

The three methods of receiving payment for travel from sources outside of ARS are:

- 1) **In-Kind**, the Cooperator directly pays travel expenses by furnishing tickets to the traveler and pays vendor(s) directly for lodging, meals, local transportation costs, and miscellaneous expenses. This is the preferred method.
- 2) **Refund Credit to ARS**, accounting code initially charged. The traveler submits travel voucher through the ARS travel system and the Cooperator submits check made payable to USDA, ARS, to the Administrative Officer at the Location for the amount agreed upon for credit to ARS accounting code. The traveler may not accept funds directly from or by submitting a claim to the cooperator.
- 3) **Trust Fund Agreement**, Cooperator establishes an Agreement with ARS and check for the negotiated amount is deposited in advance of travel. Allow two to three months prior to travel for processing.

#### Outside Funds

EXAMPLE REMARKS WITH OUTSIDE FUNDS: (can be on 202 Remarks or Supplemental Page)

**PURPOSE:**

Invited to speak at upcoming 3rd International Transmissible Spongiform Encephalopathies Conference sponsored by the National Managed Health Care Congress (NMHCC), March 16-17, 2003. Present paper "Application of Immunohisto-Chemistry to the Diagnosis of TSE in U.S. Domesticated and Wildlife Species."

**TRAVEL METHOD:** When not by the most advantageous such as driving POV instead of flying.

**ANNUAL LEAVE:** If in conjunction with official travel.

## **CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5**

**ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES** requires in all cases that a conflict of interest analysis be performed by an authorized agency official. The "authorized official" is a designated Ethics Advisor or REE Ethics Advisor(s). To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. *Additional sheets may be attached if needed.*

**IMPORTANT:** Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.

In making this determination, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

- (1) The identity of the non-Federal source (*see reverse for identifying information*);

IAEA

- (2) The purpose of the meeting or similar function;

Expert Mission

- (3) The identity of other expected participants;

Unknown

- (4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;

None

- (5) The significance of the employee's role in any such matter specified in (4) above; and

None

- (6) The monetary value and character of the travel benefits offered by the non-Federal source.

Airfare: \$1,300

Lodging & Meals: \$1,200

**Analysis: Acceptance of the travel WOULD cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations?**

Yes \_\_\_\_\_

No X \_\_\_\_\_

**Explain your response to the above question:** Dr. Gustafson will be evaluating a Philippine research program for the United Nations - International Atomic Energy Agency. He will also give several lectures. All of the results of the Philippine research program will be completely available to the public world-wide via the United Nations.

**NOTE: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.**

**The qualifications on acceptance, if any, are:** \_\_\_\_\_

**Recommendation of Ethics Advisor:** Accept \_\_\_\_\_ Do Not Accept \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

# RESEARCH, EDUCATION, AND ECONOMICS

## APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES

This form must be completed in its entirety or it will be returned. 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to: USDA, ARS, Financial Management Division (FMD), Travel & Relocation Services Branch (TRSB), Room 3-2176A, 5601 Sunnyside Ave., Beltsville, Maryland 20705-5114. For the period October 1 through March 31 - submit reports by April 15 and for the period April 1 through September 30 - submit reports by October 15. Each Approval and Report of Travel Funds Received From Non-Federal Sources must have a copy of the Letter of Offer, Conflict of Interest Analysis, and Letter of Acceptance attached when submitted to FMD.

<p align="center"><b>Employee</b></p> <p>1. Name: <u>John P. Gustafson</u>  First MI Last</p> <p>2. Position Title : <u>Research Geneticist (Plants)</u></p> <p>3. Duty Station : <u>Columbia, Missouri</u></p> <p>4. Telephone No.: <u>( 573 )- 882 - 7318</u></p> <p>5. Beginning Date of Travel: <u>October - 22 - 2004</u></p> <p>6. Ending Date of Travel : <u>October - 30 - 2004</u></p> <p>NOTES: _____</p>		<p align="center"><b>Spouse(If Applicable)</b></p> <p>7. Name: _____  First MI Last</p> <p>See FTR Chapter 304, Part 1, Acceptance of Payment From a Non-Federal Source for Travel Expenses and FPM Letter 451-7, Reimbursement of Travel Expenses of Individuals Attending Awards Ceremonies and REE Policy and Procedure 341.2, Acceptance of Travel Expenses form Non-Federal Sources</p> <p>8. Beginning Date of Travel: _____ - _____ - _____</p> <p>9. Ending Date of Travel : _____ - _____ - _____</p> <p>10. Reason for Spouse's Travel _____</p>	
<p align="center"><b>Event Information</b></p> <p>9. Kind of event:(check one):</p> <p><input type="checkbox"/> Meeting <input type="checkbox"/> Seminar</p> <p><input type="checkbox"/> Conference <input type="checkbox"/> Speaking Engagement</p> <p>10. Location of Event: <u>Manila</u>, <u>Philippines</u>  City State/Country</p> <p>11. Title of Event: <u>IAEA Expert Mission, PHI/5/029</u></p> <p>12. Name of Event Sponsor: <u>Intl. Atomic Energy Agency</u></p> <p>Address: <u>Wagramer Strasse 5,</u>  <u>PO Box 100, A-1400 Wien</u>  <u>Austria</u></p>		<p align="center"><b>Acceptance Information</b></p> <p>13. What expenses are being paid for by the non-Federal source?</p> <p><input type="checkbox"/> Common Carrier <input type="checkbox"/> Lodging</p> <p><input type="checkbox"/> Meals <input type="checkbox"/> Other (Itemize) _____</p> <p>14. Value (in U.S. Dollars) received from non-Federal source:</p> <p><input type="checkbox"/> In Kind \$ <u>1,300</u></p> <p><input type="checkbox"/> Paid to Agency \$ <u>1,200</u></p> <p><input type="checkbox"/> Other (Explain) _____</p>	

I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.

Approving Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

IF REQUESTING ACTUAL SUBSISTENCE:

Actual subsistence rates for official travel may be authorized or approved when lodging costs exceed the allowable applicable maximum per diem rate. Actual subsistence will not be authorized unless expenses exceed the lodging rate for domestic travel by at least \$5 total for the duration of the period requested. The amount requested should be the amount one actually needs to spend, but must not exceed 300% (MWA normally does not approve exceeding 150%) of lodging plus per diem. (i.e. Conus rate in the Federal Register is \$60 lodging + \$31 M&IE = \$91 total. 150% of \$91 is \$136.50. So, the maximum actual subsistence lodging that could be requested is \$105.50 [ $\$136.50 - \$31 = \$105.50$ ]).

Requests for actual subsistence shall be made in advance by sending an email message through the LAO for Area Director (AD) approval. Documentation needs to include dates of travel, location and purpose of travel, hotel rate, tax rate, per diem rate for that location, and reason for request.